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DEPARTMENT OF HEALTH
HOSPITAL DATA

GARFIELD COUNTY HOSPITAL DISTRICT
POLICY AND PROCEDURE

CHARITY CARE POLICY
20 MARCH 1991

H-82

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I. MISSION OF GARFIELD COUNTY HOSPITAL DISTRICT WITH RESPECT TO
CHARITY CARE

Garfield County Hospital District recognizes a responsibility to carry its share of the burden of meeting the needs of the medically indigent patients—those with no or inadequate means for paying for needed care under current methods of financing health care in the United States. Garfield County Hospital District fulfills its legal responsibilities to provide its services without charge or at reduced charges as prescribed by WAC 261-14. Also, within the limits of its means, the hospital makes other arrangements to provide highly specialized services to needy patients. Charity care will be granted to all persons regardless of race, color, sex, religion, age, or national origin.

II. DESCRIPTION OF ELIGIBILITY CRITERIA

Charity care is generally secondary to all other financial resources available to the patient, including group or individual medical plans, workers compensation, medicare, medicaid or medical assistance programs, other state, federal, or military programs, third party liability situations (e.g., auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

In those situations where appropriate primary patient sources are not available, patients shall be considered for charity care under this hospital policy based on the following criteria as calculated for the 12 months prior to the date of request.

- A. The full amount of hospital charges will be determined to be charity care for any patient whose gross family income is at or below 100% of the current poverty guidelines (consistent with WAC 261-14-027)

The poverty guidelines are:

<u>SIZE OF FAMILY</u>	<u>POVERTY GUIDELINE</u>
1	\$ 6,280.00
2	\$ 8,420.00
3	\$10,560.00
4	\$12,700.00
5	\$14,840.00
6	\$16,980.00
7	\$19,120.00
8	\$21,260.00

- B. Sliding fee schedule:** The following schedule shall be used to determine the amount which shall be written off for patients with income between 100% and 200% of the current federal poverty level.

<u>Income as a percentage of federal poverty level</u>	<u>Percentage discount</u>
101 - 133%	75%
134 - 166%	50%
167 - 200%	25%

- C. Asset test.** Available assets are used to determine eligibility for charity care if the family income is greater than 100% of the federal poverty guideline.
- D. Catastrophic charity care.** The hospital may also write-off as charity care amounts for patients with family income in excess of 200% of the federal poverty standards when circumstances indicate severe financial hardship or personal loss.

III. PROCESS FOR ELIGIBILITY DETERMINATION

A. Identification of potential charity care patients:

- 1. Initial determination:** During the patient registration process, the hospital will make an initial determination of eligibility based on verbal or written application for charity care. Pending final eligibility determination, the hospital will not initiate collection efforts or requests for deposits, provided that the responsible party is cooperative with the hospital's efforts to reach a determination of sponsorship status, including return of applications and documentation within fourteen (14) days of receipt.
 - a.** The hospital shall use an application process for determining initial interest in and qualifications for charity care. Should patients choose not to apply for charity care, they shall not be considered for charity care unless other circumstances or intent become known to the hospital.
- 2. Final determinations:** Charity care forms, instructions, and written applications shall be furnished to patients when charity care is requested, when need is indicated, or when financial screening indicates potential need. All applications whether initiated by the patient or the hospital should be accompanied by documentation to verify income amounts indicated on the application form. One or more of the following types of documentation may be acceptable for purposes of verifying income:

- a. W-2 withholding statements for all employment during the relevant time period;
- b. Pay stubs from all employment during the relevant time period;
- c. An income tax return from the most recently-filed calendar year;
- d. Forms approving or denying eligibility for Medicaid and or state funded assistance;
- e. Forms approving or denying unemployment compensation; or
- f. Written statements from employers or welfare agencies.

3. Time frame for final determination and appeals:

The hospital shall provide final determination within fourteen days of receipt of all application and documentation material.

- 4. Denials:** Denials will be written and include instructions for appeal or reconsideration as follows. The patient/guarantor may appeal the determination of eligibility for charity care by providing additional verification of income or family size to the director of patient accounts within fourteen days of receipt of notification. All appeals should be reviewed by the Administrator of Garfield County Hospital District. If this determination affirms the previous denial of charity care, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law.

IV. DOCUMENTATION AND RECORDS

- A. Confidentiality: All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.
- B. Documents pertaining to charity care shall be retained for two years.

V. NOTIFICATION

A. Public notification: The hospital's charity care policy shall be publicly available through the posting of a sign and the distribution of written materials indicating the policy to patients at the time the hospital requests information pertaining to the third party coverage.